

UNIFIED PROGRAM (UP) FORMS



This sample consolidated Contingency Plan and Inventory is provided to assist small businesses in

accurately completing the Unified Program Forms.

The consolidated Contingency Plan and Inventory form (OES 2731) should be completed to reflect your particular business operation.

The suggested answers in this sample document are provided for reference only.



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

	Page 1 of																	
						I. F	ACIL	.ITY	IDE	NT	FICA	ATIC	N					
FACILITY ID # Official use															,	Hazardous Wa	aste Only)	2
BUSINESS NAME (Sa	me as l	Faci	ility N	Name o	f DBA-I	Doing	Busine	ss As)										3
My company																		
, , , , , , , , , , , , , , , , , , , ,						I. <i>A</i>	ACTIV	/ITIE	S D	EC	LAR	ATI	ON	l				
				1			you cl								:,			
		ı	plea	ase su	ıbmit	the	Busin	ess (Owne	er/O	perato	or Id	ent	ificat	ion p	age.		
				ur faci	lity						If Ye	s, ple	ease	e com	plete t	these pages	of the UP F	ORM
A. HAZARDOUS M	<u>ATERI</u>	IALS	<u>S</u>															
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?								⊠ YES		NC) 4	- CH 4 CC (Sec	ZARDOUS M IEMICAL DES INSOLIDATE tion I and Site AINING PLAN	SCRIPTION D CONTINGE Map(s))				
B. UNDERGROUND STORAGE TANKS (USTs)															4US	Γ FACILITY		
1. Own or operate underground storage tanks?] YES	\boxtimes	NC	5	4US	ΓTANK (one pa	age per tank)			
2. Intend to upgrade existing or install new USTs?									YES	\boxtimes	NC	6	4US	Γ FACILITY				
											4US	Γ TANK (one pe Γ INSTALLAT IPLIANCE (one	ION - CERTI	FICATE OF				
Need to report of	_										YES	\boxtimes	NC	7	4US	ΓTANK (closure	e portion -one pag	ge per tank)
C. ABOVE GROUN							ANKS (ASTs)	<u>)</u>									
Own or operateany tank capa										١,	□ vee		NO	. 0	NO F	ORM REQUI	PED TO CUE	ΡΔο
the total capa	-	-			-			ons?		'	_ YES		INC	8 (NOT	ONW NEQUI	KLD 10 COF	- A5
D. HAZARDOUS W		tilo	iaon	ity io gi	outor ti	iuii i,	ozo gai	0110.										
Generate hazar										1	⊠ YES		NC	9	this p 4 As	4 EPA ID NUMBER – provide at the top this page.4 As a generator, answer YES to Item E and complete Waste Generator Form.		
Recycle more t recyclable mate						ı or e.	xemple	ı			YES		NC	10	4 RE	CYCLABLE N	//ATERIALS F	REPORT
Treat hazardou	ıs waste	e on	site	?	,						− ⊐ YES		NC	11		ISITE HAZAR		Έ
4 Tuesta ant achi			-1-1							·	0				4 ON TRE	ATMENT – FA ISITE HAZAR ATMENT – UI	DOUS WAST NIT (one page p	er unit)
 Treatment subj Permit by Rule 							ents (10	ſ		1] YES	\boxtimes	NC	12		RTIFICATION URANCE	N OF FINANC	IAL
5. Consolidate h	nazardo	ous v	waste	e gener	ated at	a ren				ı] YES		NC	13	4 RE SITE	MOTE WAST	TIFICATION	
6. Need to report hazardous was						k that	was cla	ssified	d as		□YES	\boxtimes	NO	14		ZARDOUS W TIFICATION	ASTE TANK	CLOSURE
E. LOCAL REQUIR				a onsit	· :										OLIN	TITIOATION		15
1. REGULATED SUBS	STANCE	ES																
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?								□YES		NO	15a	requi 4 Re	dition to Haza rements, com gulated Subst k Manageme	iplete: ance Registra	ation			
OTHER REQUIREM a. Have hazardous records.		ıls st	torec	on site	at or a	bove	a thres	nold ar	nount					15b	4 Co	nsult local CU	IPA or PA for	added .
established by a CUPA's or PA's local ordinance?									□YES		NO			rting requirem		aaaaa		
b. Required by a CUPA or PA to provide other information?										TVES	\square	NIC	15c	1 \\/-	eta Conorata	r Form /I ^ C	ounty)	
☐YES ☒ NO										ste Generato	omii (LA C(
OFFICIAL USE ONLY		l	UP F	orm	HW		НМ		ARF	·	AS	Т		UST		TP	CUPA	PA



UNIFIED PROGRAM (UP) FORM **BUSINESS OWNER/OPERATOR IDENTIFICATION** (Form 2730)

☑ NEW BUSINESS ☐ OUT OF	BUSINE	SS REVISE/U	PDATI	E (EFFECT	IVE / /)							P.A	AGE	OF
				I. II	DENTIFIC	ATIO	N								
FACILITY ID#							1	BEGI	NNING I	DATE	100	ENDING	DATE		101
Official use only								2003	/01/01			2003/1	2/31		
BUSINESS NAME (Same	as FACIL	.ITY NAME or DBA	– Doi	ng Busines	s As)					3	BUSINES	S PHONE			102
		My Compa	any								(000) 00	0000-00			
BUSINESS SITE ADDRE	ESS														103
		123 Any S	tree	t											
CITY		Any Town						104	CA	ZIP C	ODE	90	0000		105
DUN & BRADSTREET									106		ODE (4 di	<u> </u>	000		107
COUNTY LOS ANGE									108		CORPORA			No	133a.
BUSINESS OPERATOR	NAME								109	BUSII	NESS OPE	RATOR F	PHONE		110
		John Smit	h								(1)	11) 111 -	1111		
				II.	BUSINES	ss ov	VNE	ER							
OWNER NAME									111	OWN	ER PHON	E			112
		John Smitl	h								(1	11) 111-	1111		
OWNER MAILING ADDR	RESS														113
		456 Other	Stre	et											
CITY		Any Town						¹¹⁴ S	TATE (CA	115	ZIP CODE	90000		116
				III.	ENVIRO	NMEN	ITA	L CON	ТАСТ						
CONTACT NAME									117	CONT	TACT PHO	NE			118
		S.A.A.								S.A.	A .				
CONTACT MAILING AD	DRESS	3													119
		S.A.A.													
CITY		S.A.A.						¹²⁰ S	TATE (CA	121	ZIP CODE	S.A.A.		122
-PRII	MARY	·-		IV.	EMERGE	NCY	COI	NTACT	S			-SE	CONDAR	Υ-	
NAME							123	NAME							128
	J	lohn Smith	1							J	ane Smi	ith			
TITLE							124	TITLE							129
	(Owner and	Ope	erator						N	lanager				
BUSINESS PHONE	((000) 000-00	000				125	BUSINE	SS PHO	ONE (O	00) 000-	-0000			130
24-HOUR PHONE	(1	111) 111-11	11				126	24-HOL			33) 333-				131
PAGER #	(2	222) 222-22	222				127	PAGER	#	(4	44) 444-	4444			132
				٧. ٨	ADDITION	IAL L	OC.	ALLY C	OLLE	CTED	INFOR	MATION	I		133
NUMBER OF EMPLOYE	ES #	of employee	s he	re	133b	FED	ERA	L TAX ID	ENTIFIC	CATION	NUMBER	Federa	al Tax ID he	re	133c
				MAI	LING/ BIL	LING	INF	ORMA [*]	TION						
ADDRESS					133d	CIT				133e	STATE	133f	ZIP CODI	 E	133g
	1	23 Any Str	eet				A	ny Tow	'n		CA		90000		
Certification: Based on r	ny ingu	iry of those in	divid	uals resp	onsible for o	btainin	g the	informat	ion, I ce	rtify und	ler penalty	of law that		sonall	У
examined and am familia	ar with t	he information	n sub	mitted ar	nd believe th	e inforn	natio	n is true,	accurate	e, and c	omplete.				
SIGNATURE OF OWNER/C	PERAT	OR OR DESIGN	NATE	O REPRE	SENTATIVE		DA.	TE	134	NAM	E OF DOCL	JMENT PRE	PARER		135
	S	ignature H	ere				2	2003/0 ⁻	I / 01		John Sn	nith			
NAME OF SIGNER (print)						136	TIT	LE OF SIG	SNER						137
	J	ohn Smith								(Owner a	nd Ope	rator		
OFFICIAL USE ONLY		UP Form	HW		НМ	ARP)	AST	I	UST	TP		CUPA	PA	
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INSPECTOR	DIST	KICI		DATE	OF INSPEC	IION	וט	/ISION		BAT	TALION		STATION		



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION							
BUSINESS NAME			3	FACILITY ID # 1			
My Company				Official use			
SITE ADDRESS	103	CITY	104	ZIP CODE 105			
123 Any Street		Any Town		90000			

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- π Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- mathragardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Contingency Plan is kept on file in the company office.

PLAN CERTIFICATION						
I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.						
Printed Name of Owner/ Operator	Title of Owner/Operator					
John Smith	Owner and Operator					
Signature of Owner/ Operator	Date					
Signature here	2003/01/01					

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DA	DATE RECEIVED				REVIEWED BY		
DIV	BN	STA		OTHER	DISTRICT		CUPA	PA	



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

		I.	FACILI	ITY IDENT	IFICA	TION	
BUSINESS NAM	IE My Com	ıpany				3	FACILITY ID # 1 Official use
SITE ADDRESS	123 Any	Street		103	CIT	Y 104 Any Town	ZIP CODE 105 90000
		II.	EMERG	SENCY CO	NTAC	TS	
	PRIMAF	RY				SECONDARY	
NAME	John Sn	nith	123	NAME		Jane Smith	128
TITLE		nd Operator	124	TITLE		Manager	129
BUSINESS PHO	(000) 000	-0000	125	BUSINESS		E (000) 000-0000	130
24-HOUR PHON	E (111) 111	-1111	126	24-HOUR	PHONE	(333) 333-3333	131
PAGER #	(222) 222	2-2222	127	PAGER #		(444) 444-4444	132
	III. EN	MERGENCY	RESPONS	SE PLANS	S AND	PROCEDURES	
A. N	Notifications						
Office of Emerge LA. Co. Fire Depi State Office of Er National Respons	ncy Services. t. H.H.M.D. mergency Servicese Center: nformation to be Your Nar Exact ad Date, tim	e: (800) 8 (800) 4 provided during me and the Teledress of the relate, cause, and to	el are notified 90-4317 52-7550 or (\$24-8802 ng Notification ephone Num lease or threatype of incide	n: ber from whatened releadent (e.g. fire,	ere you se.	· ·	m Agency and the
 Material and quantity of the release, to the extent known. Current condition of the facility. 							
τ		condition of the	facility.	to the exten	known		
τ	_σ Extent of	condition of the injuries, if any	facility.				hv
τ	Extent of Possible	condition of the injuries, if any hazards to pub	facility. olic health an			it outside of the facili	ty.
B. List the lo	Extent of Possible Po	condition of the injuries, if any hazards to pub- ledical Faci medical facility	facility. blic health and lity that will be u	d/ or the env	ironmer		-
B. List the lo	Extent of Possible Po	condition of the injuries, if any hazards to publical Faci medical facility reatened relea	facility. blic health and lity that will be u	d/ or the env	ironmer	nt outside of the facilities in the event of an a	ccident or injury
B. List the locaused b	Extent of Possible Po	condition of the injuries, if any hazards to publical Faci medical facility reatened releadical Center	facility. blic health and lity that will be u	d/ or the env	ironmer	nt outside of the facilities in the event of an a	-
B. List the locaused b	Extent of Possible Po	condition of the injuries, if any hazards to publical Faci medical facility reatened releadical Center Blue Street	facility. blic health and lity that will be u	d/ or the env	ironmer	nt outside of the facilities in the event of an a	eccident or injury
B. List the locaused b HOSPITAL/CLIN ADDRESS:	Extent of Possible Emergency Nocal emergency y a release or the IC: XYZ Med 911 Cod Healthy	condition of the injuries, if any hazards to publical Faci medical facility reatened releadical Center e Blue Street Town	facility. blic health and lity that will be u	d/ or the env	ironmer	s in the event of an a PHONE NO: (911) ZIP CODE:	eccident or injury



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C.	Private Emergency Response								
DOES '	YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPO	NSE TEAM?	Yes 🔀 No						
	If yes, provide an attachment that describes what policies and proced	ures your business will	follow to notify your						
	on-site emergency response team in the event of a release or threaten	ed release of hazardou	ıs materials.						
CLEAN	IUP/DISPOSAL CONTRACTOR								
	List the contractor that will provide cleanup services in the event of a re-	elease.							
NAME	OF CONTRACTOR:	PHONE NO:							
40000	Cleanup Incorporated	(777	<u>') 777-7777</u>						
ADDRE	555 Any Street.								
CITY:		ZIP CODE:							
	Any Town	900	00						
D.	Arrangements With Emergency Responders								
	If you have made special (i.e. contractual) arrangements with any police								
	contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:								
	My company has made arrangements with our medical provider, XYZ Medical Center to provide medical								
	Care in the event of emergencies.	(12 Medical Center to	provide medical						
	•								
E.	Evacuation Plan								
1. The	following alarm signal(s) will be used to begin evacuation of the facility	(check all which apply)	:						
V \/orb	and M. Tolonbono (including collular) M. Alarm System. Dublic Add	roop Cyptom M Interes							
Verb □ Deggg		ress system 🔼 interco	OTTI						
☐ Page	ers ☐ Portable Radio ☒ Other <i>(specify):</i> Two-way radios.								
2 ⊠ F\	vacuation map is prominently displayed throughout the facility.								
Z. 🔼 L	vacuation map is prominently displayed unoughout the lacility.								
	dividual(s) responsible for coordinating evacuation including spreading	the alarm and confirmin	ng the business has						
been ev	vacuated:								
	Individual responsible for coordinating the evacuation will meet a for roll call.	nd wait outside on th	e parking lot area						
	TOT FOIL CAII.								
F.	Earthquake Vulnerability								
	Identify areas of the facility where releases could occur or would requir	e immediate inspectior	or isolation						
	because of the vulnerability to earthquake related ground motion.	estion Floor	Drocess Lines						
	<u> </u>	uction Floor	Process Lines						
	Bench/ Lab Waste Treatment Other	r:							
	Identify mechanical systems where releases could occur or would requ	iro immodiato inancetia	on or icolation						
	because of the vulnerability to earthquake related ground motion.	iire immediate inspectio	on or isolation						
ln	Utilities Sprinkler Systems Cabin	nets \square	Shelves						
☐ Racks ☐ Pressure Vessels ☒ Gas Cylinders ☐ Tanks									
	Process Piping Shutoff Valves Othe	=	Tanko						
	- Toosse Figure - Officer valves - Office	•							

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

The kinds of hazards associated with the hazardous materials in my facility are spills and leaks. Containers of

hazardous materials and hazardous wastes are stored with secondary containment. Containers are stored away

from drains, in leak-proof containers with tight fitting lids, and held until lawfully discarded.

Incompatible materials and wastes are stored separately.

Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.

2. **MITIGATION** (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees.

The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill.

Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property.

Large spills are spills of larger quantities that the business is unable to safely contain and mitigate without

assistance and involve quantities of spilled materials that require reporting to the Fire Department. The response

to large spills is the following: Immediately notify employees to evacuate and call 911.

3. **ABATEMENT** (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety glasses and additional protective clothing. Absorbed material will be placed in a leak-proof container that is compatible with the waste. The container will have a tight-fitting lid and be properly labeled as

hazardous waste. The waste will be lawfully disposed as hazardous waste.

Necessary notifications shall be made to the Health Hazardous Materials Division of the Los Angeles County

Fire Department and to the State Office of Emergency Services (OES).



CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

Emergency Equipment IV.

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

	EMERGENCY EQUIPME	NT INVENTOR	RY TABLE
1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal	☐ Cartridge Respirators		200011511011
Protective,	☐ Chemical Monitoring Equipment (describe)		
Equipment,	☐ Chemical Protective Aprons/Coats		
Safety	☐ Chemical Protective Boots		
Equipment,		8-E	Rubber gloves
and	☐ Chemical Protective Suits (describe)		
First Aid	☐Face Shields		
Equipment		7-C / 8-H	Two first aid kits available
	☐ Hard Hats		
	☐Plumbed Eye Wash Stations		
	☑ Portable Eye Wash Kits (i.e. bottle type)	8-C	Bottle type affixed to wall.
	Respirator Cartridges (describe)		
		8-E	Safety glasses for employees
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
			Steel toe shoes
Fire	☐ Automatic Fire Sptinkler Systems		
Extinguishing	☐ Fire Alarm Boxes/Stations		
Systems	Fire Extinguisher Systems (describe)	3E4C4H7C7G	Five fire extinguishers on site
	☐ Other (describe)		
Spill	Absorbents (describe)	4-F	25 Pound absorbent bags
Control	☐ Berms/Dikes (describe)		
Equipment and	Decontamination Equipment (describe)		
Decontamination	Emergency Tanks (describe)		
Equipment	Exhaust Hoods		
Ечирист	Gas Cylinders Leak Repair Kits (describe)	4.5	Baldon and available for add
	Neutralizers (describe)	4-F	Baking soda available for acid.
	Overpack Drums		
	Sumps (describe)		
:	☑ Other (describe)	3-G	Three stage clarifier collects run-off
Communications	Chemical Alarms (describe)		
and Alarm	☑ Intercoms/ PA Systems	10-E	Public announcement installed
Systems	□ Portable Radios □ Table to a second and a second a second and a second a second and a second a second and a	10-E	Two-way radios
Gysterns	▼ Telephones □ Underground Tenk Look Detection Manitors	4-H	Telephones and cellular phones
	☐ Underground Tank Leak Detection Monitors ☐ Other (describe)		
Additional	☐ Other (describe)		
Equipment			
(Use Additional			
Pages if			
Needed.)			
, /			

- Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.
- Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



Unified Program (UP) Form

CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

- 1. Site Plan: This drawing shall contain, at a minimum, the following information:
 - a. Site Orientation (north, south, etc.);
 - b. Approximate scale (e.g. "1 inch = 10 feet".);
 - c. Date the map was drawn;
 - d. Locations of all buildings and other structures;
 - e. Parking lots and internal roads;
 - f. Hazardous materials loading/unloading areas;
 - g. Outside hazardous materials storage or use areas;
 - h. Storm drain and sanitary sewer drain inlets;
 - i. Wells for monitoring of underground tank systems;
 - j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
 - k. Adjacent property use;
 - Locations and names of adjacent streets and alleys;
 - m. Access and egress points and roads.
- 2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3"; "A", "B", "C", etc.);
 - c. Entrances to and exits from each building and hazardous material/waste room/area;
 - d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
 - e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

3. Map Legend

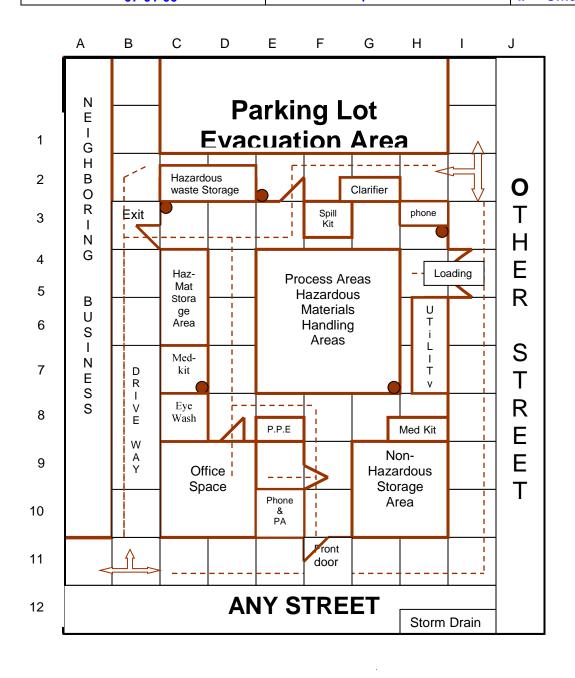
Item and/or Description	Location Code (LC)
Hazardous materials storage areas.	5-C and 6-C
Hazardous waste storage areas.	3-C and 3-D
Hazardous materials handling areas.	5-EFG, 6-EFG, and 7-EFG
Fire extinguishers.	3-E, 4-C, 4-H, 7-C and 7-G
Spill kit.	4-F
Clarifier.	3-G
Communication equipment.	10-E and 4-H
P.P.E.	8-E
Eye wash.	8-C
Emergency exits.	4-B and 3-F
Loading area.	5-I
Parking lot / Evacuation area.	1-CDEFGH and 2-CDEFGH
First Aid kit.	7-C and 8-H



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

BUSINESS NAME						
	My Company					
SITE ADDRESS		103	CITY		ZIP CODE	
123 Any Street			104		105	
			Any Town		90000	
DATE MAP DRAWN		MAP #	-	FACILITY ID #		106
	07-01-00	1		I. Official us	se only	

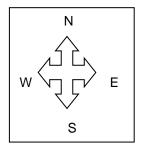


Scale of Map Loading Areas

- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation

Fire Extinguisher

Scale:
1"= 10 Ft.



OFFICIAL USE ONLY		DATE RECEIVED				REVIEWED BY		
DIV	BN	STA		OTHER	DISTRICT		CUPA	PA



UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

									PAGE	OF		
BUSINESS NAME: My Company											3	
FACILITY ID # Official Use Only		NO. OF # here.	EMPLOY	EES:		133b	EPA ID	# 00000000			2	
		l.	TYPE	OF G	ENERA	ATOR						
PLEASE CHECK THE FO							one boy	per column)			Α	
TELAGE GILOR THE FC	<u> </u>	JOKES IIII	AIAIIL	RCRA G	ENERATO AL WAST	OR	OHE DOX	NON -RCRA	_	-		
LARGE QUANTITY GENERATO (>1000 KG HAZARDOUS WAS		H)		(I EBEK		<u>-, </u>		(CALIFORNIA WASTE ONLY)				
SMALL QUANTITY GENERATO (>100 KG BUT <1000 KG HAZ	TH)		[
CONDITIONALLY EXEMPT SM (< 100 KG HAZARDOUS WAST	PR			\boxtimes								
II. WASTE STREAM IDENTIFICATION												
PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.												
PROCESS B	WASTE DESC	CRIPTION	С	WASTE		AMOUN PER YE	NT E	STORAGE METHOD	F C	DISPOSAL METHOD	G	
Oil change	Waste oil			2	21	10	000	A		D		
Radiator flush	Waste coo	lant		1;	32	1	10	A		D		
Aqueous cleaning	Aqueous v	vasher solu	ution	1:	34	4	40	A		D		
I certify that the informati	on provided	herein is tru	ue and ad	ccurate t	o the be	st of my	/ knowled	dge.				
OWNER/OPERATOR NAME	John Smith			Н			TOR TITLE				1	
OWNER/OPERATOR SIGNATU			DATE 2003 /0		perator				J			
	Signature h											
OFFICIAL USE ONLY		DATE RE	CEIVED				REVIEW	ED BY				
CUPA			DIST	TRICT		IN	SPECT	OR				



(one page per material per building or area)

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

200 **X**ADD **□**DELETE REPORTING YEAR □REVISE 2003 Page of **FACILITY INFORMATION** BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 My Company CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL 202 (EPCRA) ☐ YES 🔀 NO West interior wall of property GRID# (optional) 204 MAP# (optional) FACILITY ID# 5-C and 6-C II. CHEMICAL INFORMATION CHEMICAL NAME 205 TRADE SECRET ☐ Yes 206 **Petroleum Lubricating Oil** If Subject to EPCRA, refer to instructions 207 208 Motor Oil 10W-40 EHS* **COMMON NAME** ☐ Yes 🛛 No 209 *If EHS is "Yes", all amounts below must be in lbs. N/A CAS# 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-1, R-0 213 HAZARDOUS MATERIAL CURIES N/A RADIOACTIVE ☐Yes ⊠No 212 211 ⊠b. MIXTURE TYPE (Check one item only) a. PURE C. WASTE 215 PHYSICAL STATE 55 214 LARGEST CONTAINER ☐ a. SOLID 🖾b. LIQUID C. GAS (Check one item only) FED HAZARD CATEGORIES 216 □ b. REACTIVE □ c. PRESSURE RELEASE □ d. ACUTE HEALTH ☑ e. CHRONIC HEALTH (Check all that apply) a. FIRE MAXIMUM DAILY AMOUNT AVERAGE DAILY AMOUNT 217 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220 55 110 N/A N/A 222 DAYS ON SITE: ⊠a. GALLONS □b. CUBIC FEET □ c. POUNDS □ d. TONS LINITS* 365 (Check one item only) * If EHS, amount must be in pounds STORAGE ☐ e. PLASTIC/NONMETALLIC DRUM q. RAIL CAR CONTAINER a. ABOVE GROUND TANK ☐ i.FIBER DRUM ☐ m. GLASS BOTTLE ☐ b. UNDERGROUND TANK f. CAN □ n. PLASTIC BOTTLE □ r. OTHER ☐ j. BAG ☐ c. TANK INSIDE BUILDING g. CARBOY ☐ k. BOX O. TOTE BIN ☐ h. SILO ☐ p. TANK WAGON ☑ d. STEEL DRUM ☐ I. CYLINDER 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW AMBIENT 224 STORAGE TEMPERATURE ☐ b. ABOVE AMBIENT 🛛 a. AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225 CAS# %WT HAZARDOUS COMPONENT (For mixture or waste only) **EHS** ☐ Yes ☐ No 1 226 229 2 ☐Yes ☐ No 230 231 232 233 3 234 ☐ Yes ☐ No 236 237 239 ☐Yes ☐ No 241 238 240 ☐Yes ☐No 5 244 245 If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required 246 ADDITIONAL LOCALLY COLLECTED INFORMATION If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.) OFFICIAL USE ONLY DATE RECEIVED **REVIEWED BY**

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⊠ADD	□DELET	E □REVIS	SE		REPORT	TING	YEAR	2003	(one pag	ge per material per building 200 Page of	
		I. FACILIT	Y INF	ORMA	ION					'	
BUSINESS NAME (AME or DBA – Doing B	usiness	s As)							3
CHEMICAL LOCATI		ompany			20	01	CHEMICAL	LOCATIO	201 001	IFIDENTIAL	202
CHEMICAL LOCATI		interior area of p	roper	ty	20		(EPCRA)			NO NO	202
FACILITY ID #					1 MAI	P# (c	ptional)	203	GRID#	(optional)	204
TACILITID#							1		3	-C and 3-D	
		II. CHEMIC	CAL IN	NFORM	NOITA						
CHEMICAL NAME					20	05	TRADE SE			☐ Yes No	206
COMMONINIANT	Used	l oil			20	07	EHS*	If Subject to		efer to instructions Yes No	208
COMMON NAME CAS#	USEC	J OII			20			Yes" all a		below must be in lb	<u> </u>
	D CLASSES (Complete i	f required by CLIPA)					11 2110 10	100 , an a	mounto	201011 111100 20 111 12	210
HAZARDOUS MATERI TYPE (Check one item	AL	, ,	VASTE	211	RADIOA	ACTI\	/E □Yes	⊠No	212	CURIES N/A	213
PHYSICAL STATE (Check one item only)		⊠b. LIQUID □ c.		214	LARGES	ST C	ONTAINER	55			215
FED HAZARD CATEGO		D. LIQUID C.	GAS								216
(Check all that apply)	☐ a. FIRE	☐ b. REACTIVE ☐ c.	PRESS	URE RELE	ASE 🗆	d. A	CUTE HEAL	TH 🛚 e.	CHRONI	C HEALTH	
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY AMO	UNT	218	ANNUA	L WA	ASTE AMOUN	NT :	219 ST	ATE WASTE CODE	220
25		110				1000 221					
UNITS* (Check one item only)	⊠a. GALLONS	B ☐b. CUBIC FEET * If EHS, amount mu			d. TONS			221	DAYS	365	222
STORAGE CONTAINER											
□ b.	UNDERGROUND TANK	f. CAN			☐ j. BAG					r. OTHER	
	TANK INSIDE BUILDING	=			k. BOX			TOTE BIN			
<u>⊠</u> d.	STEEL DRUM	h. SILO			☐ I. CYLI	NDEF	R ∐ p.	TANK WA	GON		223
STORAGE PRESSUR	E 🛚 🖾 a. AMBIEI	NT b. ABOVE A	AMBIEN	Т 🗆	c. BELOV	N AM	BIENT				224
STORAGE TEMPERAT	ΓURE ⊠ a. AMBIE	NT 🗆 b. ABOVE	AMBIEN	IT [c. BELOV	W AN	IBIENT	d. CRY	OGENIC		225
%WT	HAZARDOUS CO	OMPONENT (For mix	xture c	or waste	only)		EHS			CAS#	
1 100 % 226	Used Petroleum	Oil			227	□ Y	es 🛛 No	228		N/A	229
2 230					231 [□Ye	es 🗌 No	232			233
3 234					235 [□ Y	es 🗌 No	236			237
4 238					239 [□Ye	es 🗌 No	240			241
5 242					243 [□Ye	es 🗌 No	244			245
If more hazardous compo	nents are present at greate	r than 1% by weight if non-ca	rcinoger	nic, or 0.1% b	y weight if c	carcin	ogenic, attach	additional s	heets of pa	aper capturing the requi	ed
	LLY COLLECTED INF	ORMATION									246
If EPCRA, Please Si (Facilities reporting)		FPCRA reporting threst	holds m	nust sign e	ach Chem	nical	Description	page for	each El	PCRA reported cher	mical.)

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								FAC					ATIO	NC							
BUSINESS NA	ME (S	ame as	FAC	CILITY			_			sines	s A	As)									3
CHEMICAL LO	C 4 T 1	NI.				My	Col	mpany	<u> </u>						201	CLIE	410 41	LOCAT	ION C	CONFIDENTIAL	202
CHEMICAL LO	CATIC	NΙ				Nor	th e	exterio	r wa	ıll of	f p	rope	rtv		201	(EPC	-		☐ YE	CONFIDENTIAL ES 🛛 NO	202
FACILITY ID#											ľ			1	MAP#			203	GR	IID# (optional)	204
						_				<u> </u>	<u> </u>		<u> </u>			1				3-D	
							Ш	CHE	MIC	AL I	NF	-ORI	ΛA٦	TIOI							
CHEMICAL NA	ME														205	TRAE	E SE	CRET If Subject	to EPCI	☐ Yes ☑ No RA, refer to instructions	206
COMMON NAM	ΛE					Wa	ste	Coola	nt						207	EHS*				☐ Yes ☒ No	208
CAS#						107	<mark>'-21</mark>	-1							209	*If El-	S is "	Yes", all	amou	nts below must be in II	
FIRE CODE HA	AZARI	CLAS	SES	(Comp	ete if ı	require	ed by (CUPA)													210
HAZARDOUS MATERIAL TYPE (Check one item only) □ a. PURE □b. MIXTURE ☑ c. WASTE 211 RADIOACTIVE □Yes ☑No 212 CURIES N/A											213										
PHYSICAL STATE (Check one item only) □ a. SOLID ☑b. LIQUID □ c. GAS									RGEST	CONTA	NER	55			215						
(Check one item only) a. SOCID b. ElQUID c. GAS												216									
(Check all that ap	ply)			a. FIR				CTIVE			SUI									ONIC HEALTH	
AVERAGE DAILY		JNT		:	217	MAX	(IMUI	M DAILY		INT		2	18	ANN	NUAL W		NOM	NT	219	STATE WASTE CODE	220
	40							<u>55</u>)							110 132 221 DAYS ON SITE:					222
UNITS* (Check one item only)										222											
STORAGE CONTAINER □ a. ABOVE GROUND TANK ☑ e. PLASTIC/NONMETALLIC DRUM □ i . FIBER DRUM □ m. GLASS BOTTLE □ q. RAIL CAR																					
		INDER					f. C		.0111112	_		DITON		j. B						TLE r. OTHER	
	□ c. T	ANK IN	SIDE	BUILD	ING		g. C	ARBOY						k. B	3OX		□ o.	TOTE B	IN		
	☐ d.	STEEL	DRUM	1			h. S	ILO						I. C	YLINDE	ER	☐ p.	TANK W	AGON		223
STORAGE PRES	SSURE			a. AM	BIEN'	Т		b. ABC	OVE AN	MBIEN	NΤ		□ c.	BE	LOW A	MBIENT	•				224
STORAGE TEMP	ERAT	JRE		a. AM	BIEN	IT	[b. ABO	OVE A	MBIEN	NT		□ c	. BE	LOW A	MBIEN	-	☐ d. CR	YOGE	NIC	225
%WT		HAZ	ARD	OUS	СО	MPC	ONE	NT (Fo	r mixt	ture	or	waste	on	ly)		El	HS			CAS#	
1 50%	226	Ethy	lene	Gly	col									227	· 🗆 '	Yes ⊠	No	228	107-	21-1	229
2	230													231	ΠA	′es 🗀	No	232			233
3	234													235		Yes 🗆	No	236			237
4	238													239	Y	′es □	No	240			241
5	242													243	Y	′es []No	244			245
If more hazardous of information.	compor	ents are	prese	nt at gr	eater	than 1	% by	weight if r	on-card	cinoge	enic	, or 0.1%	6 by v	veigh	nt if carci	nogenic	attach	additional	sheets	of paper capturing the requ	ired
ADDITIONAL L	ADDITIONAL LOCALLY COLLECTED INFORMATION 246																				
If EPCRA, Plea (Facilities repor				bject	to EF	PCRA	l rep	porting ti	hresho	olds n	mu	st sign	eac	h Cł	hemica	al Desc	ription	page fo	r each	EPCRA reported che	emical.)
05510141 1/05	- 0	· · · · · · · · · · · · · · · · · · ·																			
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								FAC					ΑT	ON	l							
BUSINESS NAME (Sam	ne as	s FAC	CILI				8A – Do I pany	•	sines	s A	As)										3
CHEMICAL LOCAT	ION														201					IFIDENTI	٩L	202
						Mat	erial	s har	dling	g are	a					(EPCF	RA)		YES	⋈ NO		
FACILITY ID#														1	MAP#	(optional)		203	GRID#	t (optional)		204
		_			1			. CHI	-MIC	ΛΙ II	NII	EOP	МА	TIC	NI.	1				5-E		
CHEMICAL NAME								. Сп		AL I	141	FUK	IVIA	110	205	TRAD	E 0E/	PDET		□Yes	⊠ No	206
CHEWICAL NAME						Δςο	tylei	ne								IIIADI	LOL			efer to instru		
COMMON NAME							_	gas							207	EHS* ☐ Yes ☒ No 208						208
CAS# 74-86-2								209	*If EHS	S is "\	es", all a	mounts	below mu	st be in lb	S.							
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-4, R-2																						
TYPE (Check one item only) □ a. PURE □ b. MIXTURE □ c. WASTE 211 RADIOACTIVE □ Yes □ No 212 CURIES N/A											213											
PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER 382											215											
FED HAZARD CATEG (Check all that apply)	ORIE	ES	×	a. F	FIRE	□ b.	REA	CTIVE	⊠ c. l	PRES	SU	RE RE	LEA	SE	☐ d.	ACUTE H	HEALT	'H □ e.	CHRONI	C HEALTI	Н	216
AVERAGE DAILY AMO	OUN	Т			217	MA	XIMU	M DAIL	′ AMOl	JNT			218	ΑN	INUAL \	WASTE AI	MOUN	Т	219 ST	ATE WAST	TE CODE	220
382								38	2							N/A				N/		
UNITS* (Check one item only)			□a.	GA	LLONS	8 🛛		IBIC FEI IS, amo				UNDS ounds.		d. T	ONS			221	DAYS	36		222
					TANK] e. P] f. C	LASTIC	NONM	ETALL	_IC	DRUN			FIBER I BAG			GLASS BO		q. RAII		
□ c.	TAN	IK INS	SIDE	BUII	LDING] g. C	ARBOY] k.	вох	ļ	□ o.	TOTE BIN	1			
☐ d.	STE	EELC	DRUM	1] h. S	ILO						3 I.	CYLIND	ER	□ p.	TANK WA	GON			223
STORAGE PRESSUR	RE			a. <i>F</i>	AMBIEI	NT		☑ b. AB	OVE A	MBIEN	NΤ			c. Bl	ELOW A	AMBIENT						224
STORAGE TEMPERA	TUR	E		a. <i>I</i>	AMBIE	NT	l	□ b. AE	OVE A	MBIE	NT	•		c. B	ELOW A	AMBIENT	[d. CRY	OGENIC			225
%WT	F	HAZ	ARD	OL	JS CO	OMP	ONE	NT (F	or mix	ture	or	wast	e or	nly)		EH	IS			CAS	S #	
1 226														22	7 🗆	Yes 🗌		228				229
2 230														23	1 🔲	Yes 🗌	No	232				233
3 234														23	5 🗆	Yes 🗌	No	236				237
4 238														23	9 🔲	Yes 🗌	No	240				241
5 242														24	3 🔲	Yes 🗌	No	244				245
If more hazardous compo information.	onent	ts are	prese	nt at	greate	r than	1% by	weight if	non-ca	cinoge	enic	c, or 0.1	% by	weig	ht if card	cinogenic, a	attach a	additional s	heets of p	aper capturi	ng the requi	red
ADDITIONAL LOCA	ADDITIONAL LOCALLY COLLECTED INFORMATION 246																					
	f EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)																					

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		ILITY INFORMATI	ON		<u>.</u>						
BUSINESS NAME (Same as FACIL	LITY NAME or DBA – Doin My Company	ng Business As)				3					
CHEMICAL LOCATION		well of property	201		ON CONFIDENTIAL ☐ YES ☐ NO	202					
	west interior	wall of property	1 MAP#	(optional) 203	GRID# (optional)	204					
FACILITY ID #				1	6-C						
	II. CHEI	MICAL INFORMA	TION								
CHEMICAL NAME			205	TRADE SECRET	☐ Yes 🛛 No	206					
	Perchloroethy	ylene		If Subject t	o EPCRA, refer to instructions						
COMMON NAME	PERC	207	EHS*	☐ Yes 🔀 No	208						
CAS#	127-18-4		209	*If EHS is "Yes", all a	amounts below must be in lb						
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-0, R-4											
HAZARDOUS MATERIAL TYPE (Check one item only)											
PHYSICAL STATE (Check one item only) a.	. SOLID 🛛 b. LIQUID [☐ c. GAS	LARGEST	CONTAINER	80	215					
FED HAZARD CATEGORIES (Check all that apply) ☐ a.	FIRE b. REACTIVE	☐ c. PRESSURE RELEA	SE 🛚 d.	ACUTE HEALTH ⊠ e.	CHRONIC HEALTH	216					
AVERAGE DAILY AMOUNT	217 MAXIMUM DAILY	AMOUNT 218	ANNUAL W	ASTE AMOUNT	219 STATE WASTE CODE	220					
45	80)		N/A	N/A						
UNITS*											
STORAGE CONTAINER a. ABOVE GROUN b. UNDERGROUNI	D TANK 🔲 f. CAN] j. BAG	n. PLASTIC	OTTLE q. RAIL CAR BOTTLE r. OTHER						
⊠ c. TANK INSIDE BU □ d. STEEL DRUM	UILDING ☐ g. CARBOY ☐ h. SILO	_] k. BOX] I. CYLINDI	□ o. TOTE BIN ER □ p. TANK WA							
_					10011	223					
STORAGE PRESSURE a.	AMBIENT b. ABO	OVE AMBIENT (c. BELOW A	MBIENT		224					
STORAGE TEMPERATURE 🛛 a.	AMBIENT b. ABC	OVE AMBIENT	c. BELOW A	MBIENT d. CRY	'OGENIC	225					
%WT HAZARDO	OUS COMPONENT (For	r mixture or waste or	nly)	EHS	CAS#						
1 226			227	Yes □ No 228		229					
2 230			231	′es □ No 232		233					
3 234			235	Yes □ No 236		237					
4 238			239	′es		241					
5 242			243	∕es □No 244		245					
If more hazardous components are present information.	at greater than 1% by weight if no	on-carcinogenic, or 0.1% by	weight if carci	nogenic, attach additional s	sheets of paper capturing the requi	red					
ADDITIONAL LOCALLY COLLECT	ED INFORMATION					246					
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)											

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		I. FA	CILITY	INF	ORN	IATI	ON					•	
BUSINESS NAME (Same as FACILITY NA			ness	As)								3
		My Compar	ıy					I					
CHEMICAL LOCAT	ION	Materials ha	andling	are	ea		2	201	CHEMICAL LO (EPCRA)	-		NFIDENTIAL NO	202
FACILITY ID#							1 MA	ΑP# (optional)	203	GRID#	t (optional) 4-E	204
		II CH	EMICA	I IN	JEOF	·ΜΔ	TION					4-⊑	
CHEMICAL NAME		11. 011	LIVIIOA		01	VIVI A		205	TRADE SECR	FT		☐ Yes ☒ No	206
OTTENIONE IN THE		Propane										refer to instructions	
COMMON NAME		Liquid Petr	oleum (Gas	•		2	207	EHS*			☐ Yes ☒ No	208
CAS#		74-98-6					2	209	*If EHS is "Yes	", all a	mounts	below must be in lbs	
FIRE CODE HAZAR	D CLASSES (Complete i	f required by CUPA)	H-1, F-4	l, R	-0								210
HAZARDOUS MATER TYPE (Check one item	AL	□b. MIXTURE	C. WAS			211	RADIO	ACTI	VE □Yes ⊠N	lo	212	CURIES N/A	213
PHYSICAL STATE (Check one item only)	∏ a SOUD	□b. LIQUID	⊠ c. GA	s		214	LARGE	ST C	CONTAINER 2	71			215
FED HAZARD CATEG (Check all that apply)	<u> </u>	b. REACTIVE			URE R	ELEA:	SE 🗆] d. <i>A</i>	ACUTE HEALTH	☐ e.	CHRONI	C HEALTH	216
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAIL				218		AL W	ASTE AMOUNT		219 ST	ATE WASTE CODE	220
542			42						N/A			N/A	
-									IV/A	221	DAYS	S ON SITE:	222
UNITS* (Check one item only) STORAGE	☐a. GALLONS	b. CUBIC FE * If EHS, amo			DUNDS pounds		d. TONS	· · · · · ·				365	
CONTAINER a.	ABOVE GROUND TANK	(☐ e. PLASTIC	/NONMET	ALLI	C DRU] i . FIBE] j. BAG					☐ q. RAIL CAR ☐ r. OTHER	
_	TANK INSIDE BUILDING	_	(k. BOX		□ o. TO			o	
□ d.	STEEL DRUM	h. SILO				D	I. CYLI	INDE	R p. TAI	NK WA	GON		223
STORAGE PRESSUR	E 🔲 a. AMBIE	NT 🛮 b. Al	BOVE AME	BIEN.	Т		c. BELOV	W AN	MBIENT				224
STORAGE TEMPERA	ΓURE ⊠ a. AMBIE	NT 🗆 b. A	BOVE AMI	BIEN	Т		c. BELO	W A	MBIENT 🗌 d	. CRY	OGENIC		225
%WT	HAZARDOUS CO	OMPONENT (F	or mixtu	re o	r was	te or	nly)		EHS			CAS#	
1 226							227	□ Y	′es □ No 2	28			229
2 230							231	ΠY	es 🗌 No 2	32			233
3 234							235	□ Y	′es □ No 2	36			237
4 238							239	□Y	es 🗌 No 2	40			241
5 242							243	Y	es No 2	44			245
	onents are present at greate	r than 1% by weight i	f non-carcir	nogen	ic, or 0.	1% by	weight if o	carcir	nogenic, attach addi	tional sl	neets of p	aper capturing the require	ed
information. ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION											246
ABBITIONAL EGG	LET GOLLEGIES IIVI	OKWIN THO I											
	If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)												

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		I. FACILIT	Y INFORM	/IATI	ON				1		
BUSINESS NAME (Same as FACILITY NA	ME or DBA – Doing Bu								3	
,		My Company	,								
CHEMICAL LOCAT	ION	, ,			201	CHEMICAL LO	CATIO	N CONF	IDENTIAL	202	
		Materials handlin	ng area			(EPCRA)		YES	⊠ NO		
		Materials Hariani	lg area		1 MAP	 # (optional)	203	GRID# (optional)	204	
FACILITY ID #						1		,	4-E		
		II. CHEMIC	AL INFOR	MA	LION	-					
CHEMICAL NAME		II. CITEINIO	AL IIII OI	VIAI V	205	TRADE SECRI			Yes 🛛 No	206	
CHEWICAL NAME		Carbon diavida				THURDE GEORG		_	_		
		Carbon dioxide			207		ubject to E		er to instructions	208	
COMMON NAME		CO2			209	ЕПО		<u> </u>	Yes 🛛 No		
CAS#		124-38-9				*If EHS is "Yes	", all am	nounts b	elow must be i	n lbs.	
FIRE CODE HAZAR	D CLASSES (Complete in	required by CUPA)		-							
HAZARDOUS MATER				211	RADIOAC	CTIVE □Yes ⊠N	0	212	CURIES N/A	213	
TYPE (Check one item	only) 🛚 a. PURE	□b. MIXTURE □ c. W	ASTE						COMICO TO		
PHYSICAL STATE				214	LARGES ¹	T CONTAINER		17	5	215	
(Check one item only) FED HAZARD CATEGORIAN	a. SOLID	□b. LIQUID 🔼 c. 0	JAS							040	
(Check all that apply)	ORIES □ a. FIRE	□ b. REACTIVE ☒ c. I	PRESSURE RI	ELEAS	SE 🗆 d	. ACUTE HEALTH	☐ e. C	HRONIC	HEALTH	216	
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY AMOU	INIT	218	ΑΝΝΙΙΙΛΙ	WASTE AMOUNT	21	а Гетл	TE WASTE COL	DE 220	
	-		JINI	210	ANNOAL		21	3 31A		JL 220	
350 350 N/A 221 DAYS ON								N/A			
UNITS*	UNITE: De CALLONS M's CUDICETTE DE DOUNDS DE TONS									222	
(Check one item only) * If EHS, amount must be in pounds.											
STORAGE CONTAINER □ a. ABOVE GROUND TANK □ e. PLASTIC/NONMETALLIC DRUM □ i . FIBER DRUM □ m. GLASS BOTTLE □ q. RAIL CAR											
□ b.	UNDERGROUND TANK	☐ f. CAN			j. BAG	☐ n. PLA	ASTIC BO	OTTLE [☐ r. OTHER		
□ c.	TANK INSIDE BUILDING	☐ g. CARBOY			k. BOX	□ o. TO	TE BIN				
☐ d.	STEEL DRUM	☐ h. SILO		X	I. CYLINI	DER p. TAN	NK WAG	ON		223	
STORAGE PRESSUR	E a. AMBIEN	IT 🔀 b. ABOVE A	MBIENT	c	. BELOW	AMBIENT				224	
STORAGE TEMPERA	TURE ⊠ a. AMBIEI	NT 🔲 b. ABOVE A	MDIENT		PELOW	AMBIENT □ d	. CRYO	CENIC		225	
STORAGE TEMPERA	TORE a. AIVIDIEI	U D. ABOVE A	INDICINI		. BLLOW	AMBIENT u	. CKTO	GLINIC		223	
%WT	HAZARDOUS CO	MPONENT (For mix	ture or was	te on	ly)	EHS			CAS#		
1 226					227	Yes No 2	28			229	
2 230					231]Yes ☐ No 2	32			233	
					1_						
3 234					235	Yes No 2	36			237	
4 238					239	Yes No 2	40			241	
						D					
5 242					243]Yes □No 2	44			245	
If more hazardous compoinformation.	onents are present at greater	than 1% by weight if non-car	cinogenic, or 0.	1% by v	weight if car	rcinogenic, attach addi	tional she	ets of pap	er capturing the r	equired	
	LLY COLLECTED INF	ORMATION								246	
K EDODA DI	San Illana										
If EPCRA, Please S		PCRA reporting thresh	alds must sin	nn ear	h Chemir	cal Description per	ne for e	ach FD/	CRA reported	chemical)	
1 dominos reporting	Chamicais subject to L	. C.v. reporting timestr	oras rriusi siy	jii c ac	Onenne	a Description pag	10 101 60	AUII LI'	or an inhorited (ononioai.)	



(one page per material per building or area)											
⊠ADD	□DELET	E □RE	VISE		REPORT	ING YEAR 2003		200	Page	of	
		I. FACIL	ITY INFORM	MATIC	NC						
BUSINESS NAME (Same as FACILITY NA	ME or DBA – Doing	g Business As)							3	
		My Company									
CHEMICAL LOCAT	ION				201	CHEMICAL LO				202	
		Materials hand	dling area			(EPCRA)	□ /	YES 🛛 NO	5		
FACILITY ID#				,	1 MAP	(optional)	²⁰³ G	GRID# (optional))	204	
TACILITID#						1		5-E	Ξ		
		II. CHEM	IICAL INFO	RMAT	TION						
CHEMICAL NAME					205	TRADE SECRE	T	☐ Yes	⊠ No	206	
		Helium				If Su	oject to EP	PCRA, refer to inst	ructions		
COMMON NAME		Helium gas			207	EHS*		☐ Yes	☑ No	208	
CAS#		7440-59-7			209	*If EHS is "Yes"	all amo	ounts below m	nust be in		
FIRE CODE HAZAF	RD CLASSES (Complete i	required by CUPA)								210	
HAZARDOUS MATER	IAL			211	DADIOAC	TIVE Yes No		212 CURIE	NI/A	213	
TYPE (Check one item	only) 🛛 a. PURE	□b. MIXTURE □	c. WASTE	211	RADIOAC	TIVE LITES MINO		ZIZ CURIL	ES N/A		
PHYSICAL STATE (Check one item only)	☐ a. SOLID	□b. LIQUID 🖂	c. GAS	214	LARGES1	CONTAINER		275		215	
FED HAZARD CATEG										216	
(Check all that apply)	a. FIRE	☐ b. REACTIVE 🛚				ACUTE HEALTH					
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAILY A	MOUNT	218	ANNUAL	WASTE AMOUNT	219	STATE WA	STE CODE	220	
275		275				N/A			N/A		
UNITS*								222			
	ABOVE GROUND TANK	e. PLASTIC/NC	ONMETALLIC DRU		i . FIBER j. BAG	DRUM ☐ m. GLAS		TLE q. R.	AIL CAR OTHER		
□ c.	TANK INSIDE BUILDING	g. CARBOY			k. BOX	o. TOT	E BIN				
□ d.	STEEL DRUM	h. SILO		\boxtimes	I. CYLINE	DER p. TAN	K WAGO	N		223	
STORAGE PRESSUR	E 🔲 a. AMBIEI	NT ⊠ b. ABOV	/E AMBIENT	☐ c.	BELOW	AMBIENT				224	
STORAGE TEMPERA	TURE 🛛 a. AMBIE	NT b. ABO\	/E AMBIENT	☐ c.	. BELOW	AMBIENT d.	CRYOG	ENIC		225	
%WT	HAZARDOUS CO	OMPONENT (For	mixture or was	ste onl	ly)	EHS		CA	AS#		
1 226					227	Yes No 22				229	
1 220					221	165 NO 22	,				
2 230					231	Yes No 23	2			233	
3 234					235	Yes ☐ No 23	6			237	
4 238					239	Yes No 24	0			241	
5 242					243	Yes □No 24	4			245	
	l onents are present at greate	than 1% by weight if no	n-carcinogenic, or 0).1% by w	veight if car	cinogenic, attach additi	onal shee	ts of paper captu	uring the req	quired	
information.	LLY COLLECTED INF	ORMATION								246	
ADDITIONAL LOCA	ALL I GOLLLOTLD INF	CINIMITION									
If EPCRA, Please S	ign Here <i>Chemical</i> s s <i>ubject to E</i>	DCDA reporting the	esholds must si	ian ooo	h Chomic	eal Description nos	a for occ	oh EDCDA =	anorted of	nemical)	
(1 acinues reporting	Onemicais subject to E	i orva reporting thi	conoido must Si	yıı c acı	ii Onemil	aı Description pagi	, iui u dl	JII LFUKA 16	,porteu ch	iorriical.)	



For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

<u>Los Angeles County Fire Department</u> (http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp)